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	(140101 111			regible. It shot		<u>'</u>	1 -6-1
Filer Identification Number		Report Filed B (Mark X)	By Candida	te X	Committee		Lobbyist
Name of Filing Committee, Car Lobbyist	ndidate or	•	RE HOM	270~	<u> </u>		
Street Address			REED S			, , , , , , , , , , , , , , , , , , ,	
City E.G.	⊥ U <i>€</i>	378	State	PA	Zip Code	16507-	
Type of Report (Place x under re		·····		17.			
l*				0 00 D D+	- 4:	6 - 1 off Falls	0
1-6 th Tuesday 2-2 nd Friday Pre-Primary Pre-Primary	3-30 Day Post Primary	4-6 th luesday Pre-Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					X		
Date Of Election (MM/DD/YYYY)	11-53 2021	Year	2021	Amendment Report		Termination Report	
		To Date		[East	Office Use Only	
Summary of Receipts and Expenditures		_			FOF	Office Ose Offiy	
A. Amount Brought Forward Fr	/-/-20み l rom Last Report	\$	31-2021 75	<u> </u>			· · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contribution	ns and Receipts	\$ (b b				
(From Schedule I) C. Total Funds Available		\$ 1				.9	· · · · · · · · · · · · · · · · · · ·
(Sum of Lines A and B)		\$ 6	<i>)</i>			1 2	The state of the s
D. Total Expenditures		\$ 0				51-1	
(From Schedule III)	4,)				graf (1986) State grafi Milled and
E. Ending Cash Balance		\$ 6	8			* * * * * *	Karah.
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$				Mitheus Land			
(From Schedule II)	ns received	\$ 2	<i>'</i> 5				T T
G. Unpaid Debts and Obligation	ns	s ~				**************************************	্ত
(From Schedule IV)	· ·		•				F 19 mag
			Affidavit Sec				
Part 1- If this is a Committee report							-1-
I swear (or affirm) that this report,	-	inea schedules or	n paper, is to the	best of my knowled	ige and belief ti	rue, correct and comple	ete.
Sworn to and subscribed before me	e unis			and.	. n' h	9/1	
day of	20	- '1		Will		- May	
		}-		Signature of AVDK	of Person Subm	Inting report	
Signature		- 1			Printed Nam	e	
My Commission expires		• •		814	_	572-1230	
MO.	DAY YR.	_		rea Code		time Telephone Numb	er
Part II- If this is a report of a Candid I swear (or affirm) that to the best of amended.					y provisions of 1	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me	this						
		• .					
day of	20	- '		Sign	nature of Candi	date.	
		_ }.					
Signature		. 1		- · · · · · · · · · · · · · · · · · · ·	Printed Name		
My Commission expiresMO.	DAY YR.	<u>-</u>	<u> </u>	rea Code	Dove	ime Telephone Numbe	
IVIO.	umi ik.		<i>P</i>	ned Code	Dayt	иле текерполе моглов	, 1

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identification Num	live!					
						Amount
Full Name of Contrib Committee	uting		•		Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	1	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contribe Committee	uting	'		1	Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	uting				Date [MM/DD/YYYY]	\$
House #	Street Address			,	Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contribe Committee	uting				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contrib Committee	ıting	 			Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	uting				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identificatio	n Number.				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addres	\$		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	<u> </u>
House #	Street Addres	S		Date [MM/DD/YYYY] \$	······································
City	A series of the Aria	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	Proof by T	j, Stellinger	Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	······································
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	200.385.		Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	For example	positiva i spirita i M	Date [MM/DD/YYYY] \$	
House #	Street Addres	S	,	Date [MM/DD/YYYY] \$	
Ciby	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	1. in 17		Date [MM/DĐ/YYYY] \$	
House#	Street Addres	S		Date [MM/DD/YYYY] \$	
City	<u>trate natsyj</u>	State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee Date [MM/DD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$
Full Name of Contributing Committee Date [MM/DD/YYYY] \$
Full Name of Contributing Committee Date [MM/DD/YYYY] \$
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
Full Name of Date [MM/DD/YYYY] \$
Contributing Committee
House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
Full Name of Contributing Committee Date [MM/DD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
Full Name of Date [MM/DD/YYYY] \$
Contributing Committee
House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
Full Name of Date [MM/DD/YYYY] \$
Contributing Committee
House# Street Address Date [MM/DD/YYYY] \$
[2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
City State Zip Code Date [MM/DD/YYYY] \$

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification	on Number:		•	
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	le .		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Mail Principal Place				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address		A	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam			La service de projected.	Occupation
Employer Mail Principal Place	ing Address / of Business			
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e			Occupation
Employer Mail Principal Place				[20] 在 人名英格兰 在 20]
Full Name of C	ontributor	""		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam		<u> </u>	POST (12 49 44	Occupation
Employer Mail Principal Place			· · · · · · · · · · · · · · · · · · ·	[6.8 (Yesh 200 A.]

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	mber:			
· · · · · · · · · · · · · · · · · · ·	semanto da			
Full Name				
House #	Street Address			and the second of the second o
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address		,	
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address	· · · · · · · · · · · · · · · · · · ·	······································	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
		S. Weisser	Code	
Receipt Description				
Fuil Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
iraceihr nesaithagu				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	UE OF \$50:00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	The fall of the second of the
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	i tach yi (
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 - 1	

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$50.01 TO \$	\$250	
Filer Identificatio	n Number:				
Full Name of Co	ercinitate			Date [MM/DD/YYYY]	
Full Name of G				nare Immination 1	60-24 10-00 12-00
House #	Street Address	e		Date [MM/DD/YYYY]	
		A		enaja ju Pāja dab vingt ni susumpni	
City	1 3 3 3 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	State	Zip Code	Date [MM/DD/YYYY]	1000 1000 1000 1000
					2.5. 3.3
Description of (Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
1.0					
Description of (
Full Name of Co	intributor			Date [MM/DD/YYYY]	
Parting of the					
House #	Street Address	5		Date [MM/DD/YYYY]	
			The state of the s	The state of the original	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of (Contribution				(A35)
Full Name of Co	多沙罗列森的 语的			Date [MM/DD/YYYY]	\$5 2
Full Manie VI S.				Pate Pateron, rail	
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	5
	Sucer Address	5		<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution		The same of the sa		
Full Name of Co	ontributor	Sead o go.		Date [MM/DD/YYYY]	
House #	Street Address	e		Date [MM/DD/YYYY]	5

Zip Code

State

City

Description of Contribution

Date [MM/DD/YYYY] \$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Filer identification Number:		
를 잃어야 할 수의 보고 하게 되는 사람이 가능한 작년 개편이다.		
・対しずからに、メデル・セッチをからた。またできるがある。		
the or washing of a control of the Alberta Constitution (A).		
 (A) Conference of the first of the conference of the first of the conference of the first of the conference of the conferenc	I	_
· · · · · · · · · · · · · · · · · · ·		_

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
76-716-XXX-18-78-78-78-				
House #	Street Address			Date [MM/DD/YYYY] \$
				A de
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e	Ass.		Occupation
	ing Address / Principal			Description
Place of Busine	65			of
	A Personal Conference of			Contribution
Full Name of Co	Intributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	R. 1986 And Section Communication	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e	286 (A.) 1 286 263		Occupation
	ing Address / Principal			Description
Place of Busine				of
		8		Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Trackly, Street July 1994	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			<u> </u>	Occupation
		201 A	 	
Employer Maili Place of Busine	ing Address / Principal			Description of
Fidut VI Juaniu				Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Oct. 1 Address			Date [MM/DD/YYYY] \$
nouse #	Street Address			nate Intarana 11111
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
	ing Address / Principal			Description
Place of Busine	SS			of
				Contribution

Statement of Expenditures

Filer Identification Number:		

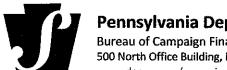
To Whom Paid				Date [MM/DD/YYYY] \$
J. W. STATOM FORG				Dard Law DOLL 1991
House #	Street Address			Description of Expenditure
Cify		State	Zip Code	
To Whom Paid			Action to the second	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	[8] A HORSEN S. N. 1978 41	State	Zip Code	The Challenge Best of the Best of the Company of th
To Whom Paid		William Taylor	Commence of Section	Date [MM/DD/YYYY] \$
House#	Street Address	-		Description of Expenditure
City		State	Zip Code	
To Whom Paid		Tanga San	Processing Construct	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
		Telegraphy (1)	が 乗 りたがった (App)	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	[1] 中央東海洋電視	State	Zip Code	
To Whom Paid		18 18 18 18 18 18 18 18 18 18 18 18 18 1		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	on level de la latera de latera de la latera della latera	State	Zip Code	The first state of the state of
To Whom Paid		S. S. A. S.		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
		O. C.	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	William Marketing and the last	State	Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	n Number:			
Name of Credit	Diggin selve il			Post Control of Pale
	ster priedrich			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt .	ىلغى <u>ھەرەرە بەسى</u> رەنىلىكى بىلىنى ب		_10.5 et
Name of Credit	Or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of E	Debt			_178.1
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of D	Debit		Code	
Name of Credito	ores system			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	lebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Jebt		Louis	180
Name of Credito	or see a	<u> </u>		Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of D)ebt		Code	



Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

		e caree magazina nacada como caree do				
Reporting Cycle	: Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election	
☐ Cycle 6	Cycle 7	☐ Cycle 8	<u> </u>	☐ Cy	cle 9	
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special Election 30 Day		30 Day Po	ost-Special Election	
hat the accompa		under the law of the Finance Report is the state of the s		correct.	·	
Signature of Treasurer, Candidate, or Lobbyist			D;	المال 20 مال 20 المال 20 الما		
_	E HORTON	•		,	IPA/USA	
Printed Name			Location (City/State/Country)			
					DSFB-50	